

PART B - FEE(S) TRANSMITTAL

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CUSTOMER NUMBER

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/926,411	10/29/2001	Ryuji Ueno	215246US0PCT	2073

TITLE OF INVENTION: USE OF MACROLIDE COMPOUNDS FOR THE TREATMENT OF DRY EYE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330 \$685	\$0 \$300	\$1330 \$985	11/26/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
AZPURU, CARLOS A	1615	424-427000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 OBLON, SPIVAK

2 MCCLELLAND, MAIER

3 & NEUSTADT, PC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Sucampo AG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Zug, SWITZERLAND

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies -0-

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☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1-450, Alexandria, Virginia 22313-1450.

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Fee History Query

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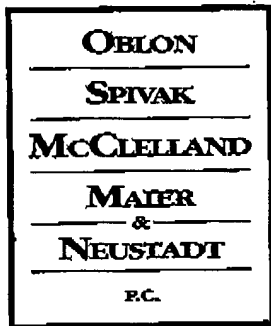
Name/Number: 09926411

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Start Date: Any Date

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Accounting Date	Sequence Num.	Fee Type	Fee Code	Fee Amount	Mailroom Date	Payment Method
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05/30/2002	00000089	<u>1</u>	<u>581</u>	\$40.00	05/24/2002	CK
10/30/2001	00000412	<u>1</u>	<u>970</u>	\$890.00	10/29/2001	CK



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TO	Mr. Don Fairchild	May 17, 2006
NAME	USPTO	DATE
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NUMBER OF PAGES INCLUDING COVER:	3	FAX #
		CONFIRM FAX: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
FROM	Vincent K. Shier, Ph.D.	215246US0PCT
NAME	703-412-6461	OUR REFERENCE
DIRECT PHONE #		09/926,411
		YOUR REFERENCE

MESSAGE

Mr. Fairchild,

Further to our discussion earlier this afternoon, please find enclosed herewith a copy of Part B - Fee(s) Transmittal that was filed on November 9, 2004, and a copy of the date-stamped filing receipt evidencing filing thereof. Please let me know if you need anything further.

With best regards,

Vincent K. Shier, Ph.D.

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MAY. 17. 2006 2:53PM

OBLON SPIVAK

NO. 010 P. 2

✓
OSMM&N File No. 215246US0PCT

Dept.: IP-II

Serial No. 09/926.411

By: NFO/btm

In the matter of the Application of: Ryuji UENO

For: USE OF MACROLIDE COMPOUNDS FOR THE TREATMENT OF DRY EYE

Due Date: 11/25/04

The following has been received in the U.S. Patent Office on the date stamped hereon:

■ Credit Card Form for \$985.00
(Issue Fee \$685.00 + Pub. Fee \$300.00)

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■ Issue Fee Transmittal

